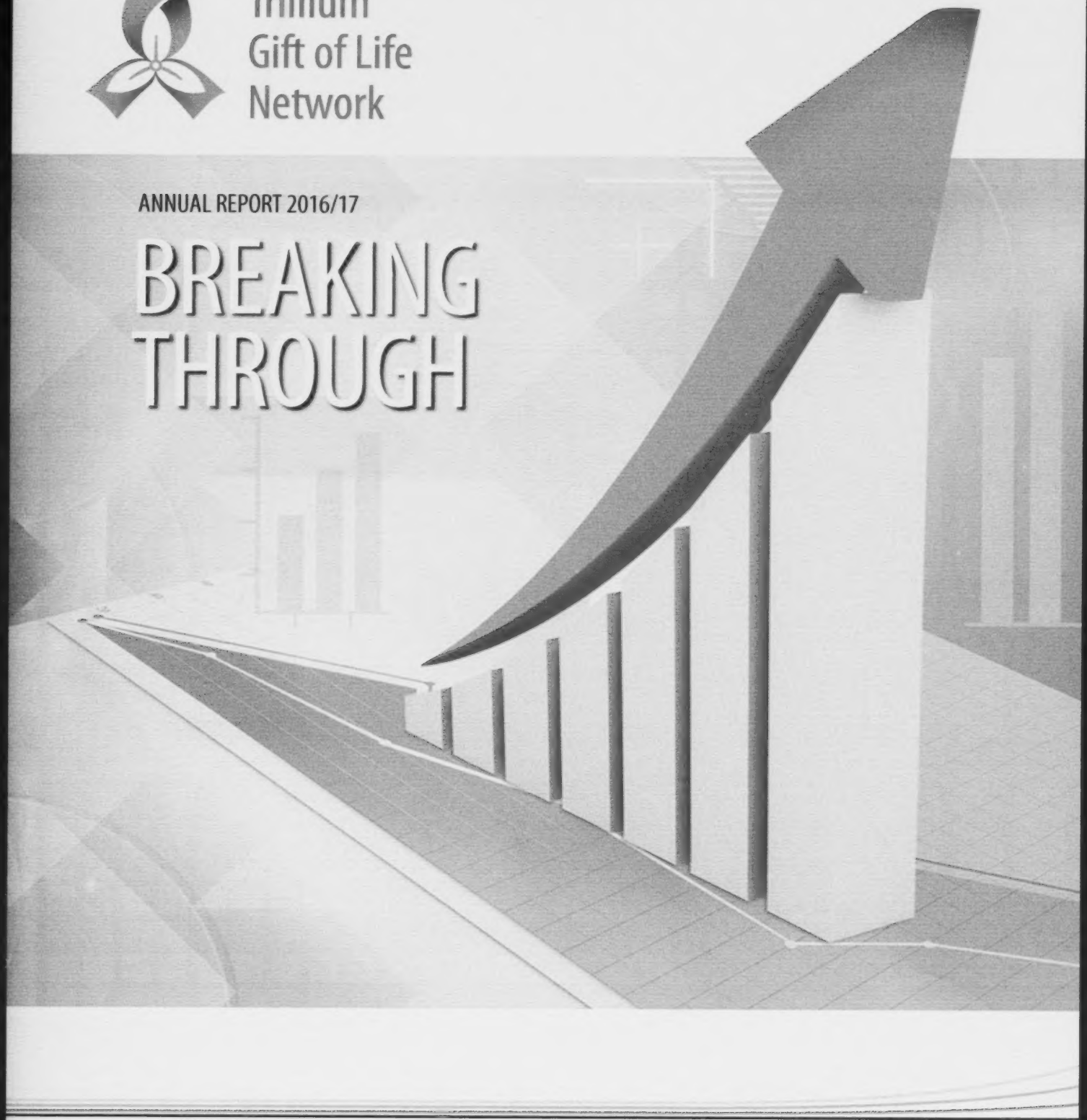
Trillium
Gift of Life
Network

ANNUAL REPORT 2016/17

BREAKING THROUGH



Ontario
Trillium Gift of Life Network

MISSION

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

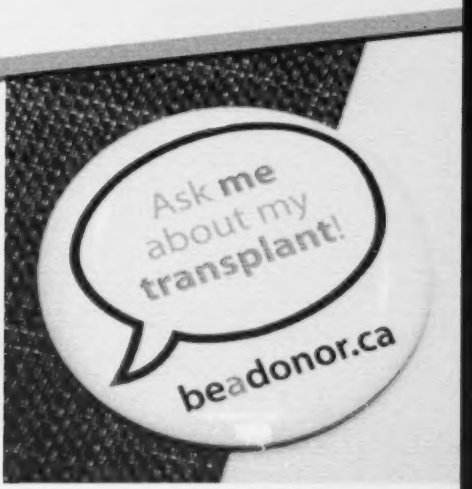
VISION

To be a world-class leader that enhances and saves lives through organ and tissue donation for transplantation.

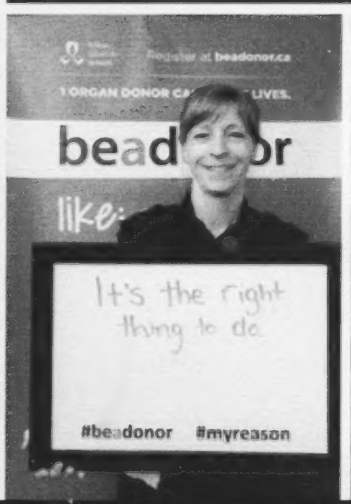
VALUES

We are an effective, innovative leader in organ and tissue donation and transplantation, working in an environment of honesty, trust, respect, compassion and cooperation.

TORONTO


Ask me about my transplant!
beadonor.ca

Donor Recognition Medal Ceremony


Register at beadonor.ca
1 ORGAN DONOR CA LIVES.
bead r
like:
It's the right thing to do
#beadonor #myreason

TEAM ONTARIO

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Achieve a 58-61 per cent provincial Conversion Rate, 271-290 organ donors, and a 3.57 organ yield per donor.

OBJECTIVE 3 14

Achieve 44 per cent consent rate, 2,200-2,400 ocular donors and 330-350 multi tissue donations.

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MESSAGE FROM THE CHAIR OF THE BOARD AND THE PRESIDENT AND CEO

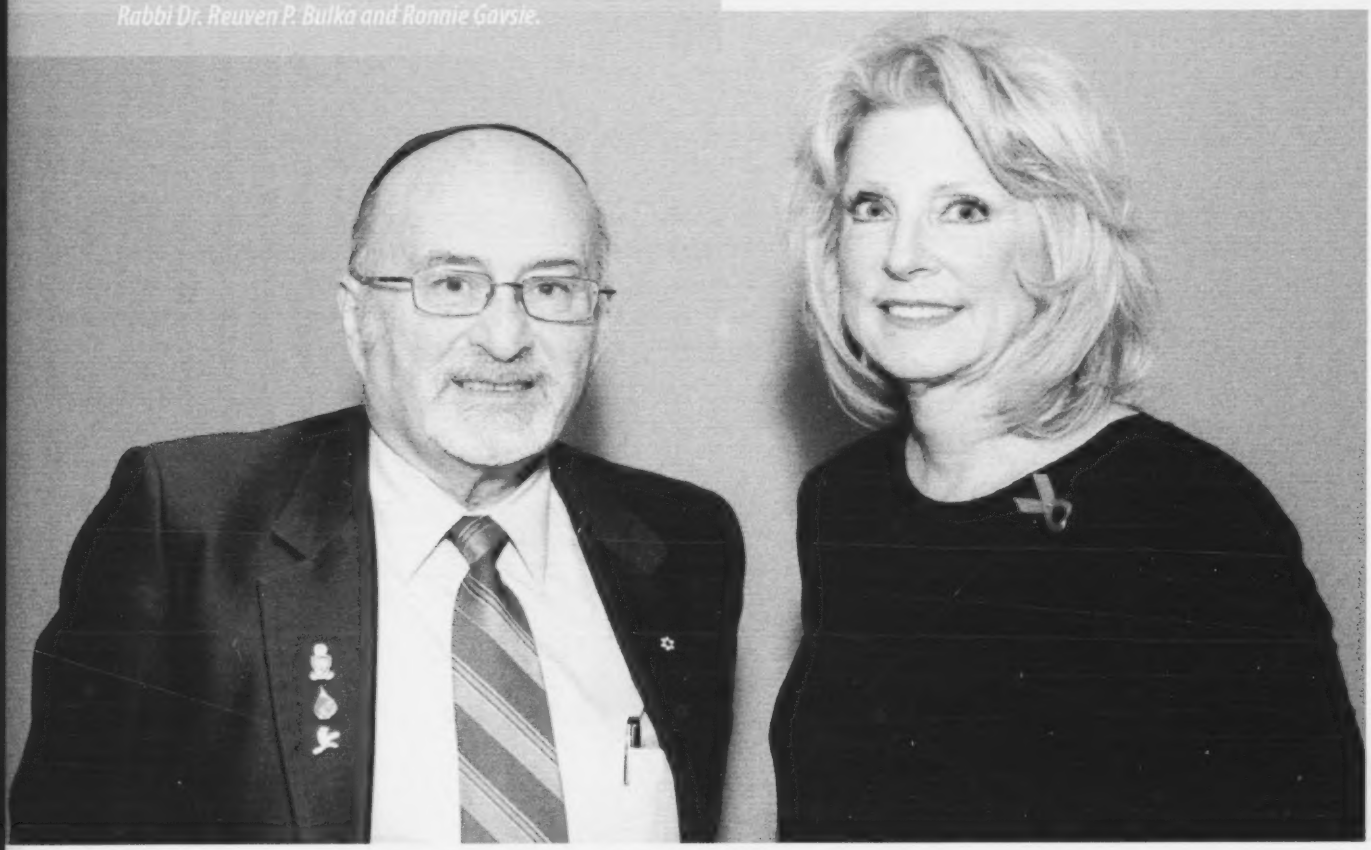
For those in Ontario waiting for transplant, and all those who love them, time seems to move slowly. The minutes are hours, the days are weeks. Life slows and stalls with the uncertainty, the "weight of the wait". It has been described again and again by patients and families as interminable.

Yet here in our world, as we work with our partners to make more organs and tissue available for transplant, the pace is incredibly fast. The pressure is unrelenting. Staff and partners are finding more potential, trying new approaches, collecting the data to allow them to know what is working and what is not, and they are doing it at breakneck speed. If there is a hint of an opportunity for improvement, no one says no. Instead, they say "Let's try it."

In recent years, we have had positive stories to tell in our annual report. The trajectory has swung upwards; great progress has been made. But in 2016/17, factors aligned, initiatives bore fruit, and new ideas paid off in ways that allowed us to truly break through. The results from 2016/17 are not an incremental step up from the year before – they represent a new era, one in which our sights are set permanently higher.

In 2016/17, there were more donors and more transplants than ever before in Ontario. Yet that achievement is not enough. The waitlist persists. Patients and families who continue to wait are

Rabbi Dr. Reuven P. Bulka and Ronnie Gavsie.



Rabbi Bulka and Ronnie Gavsie stand with recipients of the TGLN Board Champion Award.

[from left to right: Emile Thenien (2014), Hélène Campbell (2012), Sandra Holdsworth (2015), Beth Thenien (2014), Rabbi Bulka, Ronnie Gavsie, Kim LeBlanc (2016) and Dave Allingham (2016)]

desperately hoping for our success, but they also expect us to waste no time resting on our successes. And we do not – we spend enough time to reflect on what has been working in order to learn from it, and then the pace proceeds.

Even amidst all the detail and minutiae that comes with our work, our motivation is uncluttered. When there are patients still in need, our work is not done. If anything, this year's excellent results increase the pressure to push our boundaries even further. But we are glad to report that the commitment of all the partners in this miraculous, complex process is stronger than ever, and we are working more productively and cooperatively than ever.

We thank the Ministry of Health and Long-Term Care for continuing to invest in our mission, and for the latitude which allows us to seek new frontiers in our pursuit to save and enhance more lives.

We thank the TGLN Board of Directors for its guidance and support as we forge new paths.

We thank the ever-growing teams of clinicians and professionals who work hard and collaboratively to make this incredible process work in the best way it can, from referral to transplantation.

We thank the staff of TGLN, a team that drives itself harder than any taskmaster could. Their hearts and brains make wonderful things happen, again and again.

Above all, we thank the donors and their families. Their gifts make all of this possible.

Ronnie Gavsie
President and CEO

Rabbi Dr. Reuven P. Bulka
Chair, Board of Directors

TGLN'S 2016/17 BUSINESS PLAN AT A GLANCE

MISSION:

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

VISION:

To be a world-class leader that enhances and saves lives through organ and tissue donation for transplantation.

2016 – 2019 STRATEGIC DIRECTION:

Develop a sustainable end-to-end transplant system	Increase donation performance of GTA hospitals	Increase registered donors in the inner GTA

2016/17 GOALS:

Support transplantation through effective oversight and collaboration with stakeholders.	Maximize organ and tissue donation for transplantation in partnership with stakeholders.	Build a strong organ and tissue donation culture in Ontario.	Drive quality, innovation, efficiency and cost-effectiveness through process improvement, information technology and talent management.

2016/17 OBJECTIVES:

1. Develop an integrated care model that will be informed using clinical and patient reported outcomes which includes reporting 100 per cent of patient outcomes by organ and site.
2. Achieve 58 – 61 per cent provincial conversion rate, 271-290 donors and 3.57 organ yield/donor.
3. Achieve 44 per cent consent rate, 2,200-2,400 ocular donors and 330-350 multi-tissue donations.
4. Emphasize the value of organ and tissue donation and transplantation to all Ontarians through outreach and communications and inspire over 254,000 Ontarians to register consent to donate.
5. Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.
6. Enhance IT to drive innovation, improvement and efficiency at TGLN and in the broader donation and transplantation system.
7. Attract, engage, develop and retain talented staff.

OBJECTIVE 1

Develop an integrated care model that will be informed using clinical and patient reported outcomes which includes reporting 100 per cent of patient outcomes by organ and site.

TGLN continued work in close collaboration with partner hospitals and the transplant community to improve access and quality of care for all Ontario transplant patients. Although the goal of reporting 100 per cent of patient outcomes by organ and site has not yet been reached, the systems are in place to be able to do so by summer 2017.

Optimizing Quality of Care

In 2016/17, TGLN continued collaboration with organ specific working groups on developing and improving tools and policies that ensure delivery of patient centred care and that support leading practices in program development and tracking of patient outcomes.

The development of *Clinical Handbooks for Transplantation* provides patients and their families with a pre-transplant through post-transplant journey map, including the associated services they can expect during their transplant experience. The handbooks were developed with the intent of establishing a standard pathway and set of services for a typical transplant patient. Individual hospitals can use them to guide implementation of a standardized approach while maintaining balance between patient needs and hospital policies.

In 2016/17, TGLN launched the reporting of referral and consultation information in order to evaluate wait times and reasons for deferral as well as to track volumes of patients in the pre-transplant phase. This has been adopted by kidney, liver and heart programs across Ontario, with other organ programs to follow. In addition, TGLN initiated the integration of post-transplant outcome information, such as patient and graft survival. This began in 2016/17 with data collection for all kidney and liver transplant recipients who received an organ from 2015 onwards. The data will be collected for all other organ transplant recipients across the province by the summer of 2017.

An additional initiative launched in 2016/17 was aimed at improving communication in the pre-transplant phase to patients and their families.

TGLN employees, including Michelle Snyder and Aysha Syed, attend and present at the Critical Care Canada Conference.

This was accomplished through the implementation of routine communication to patients about their waitlist status, as well as information about TGLN and who to contact with questions.

TGLN/Ontario Renal Network Partnership

Enhanced patient and health care professional understanding of how and why transplant is an option for patients with chronic kidney disease is a key factor in improving access to transplant through living donation. As such, TGLN partnered with the Ontario Renal Network (ORN) to develop an education strategy that includes the thorough evaluation of current practices, with additional input provided by patients and transplant centres. Educational materials for health care providers and patients were developed to improve communication between renal programs and transplant programs. In addition, the collection of living donor statistics and data on patterns of referral and acceptance in all kidney transplant centres across the province has begun. To-date, staff from TGLN, ORN, and 13 renal programs and transplant centres have participated in quality improvement training to support this initiative.

New Provincial Organ Recovery System

As organ donation numbers continue to increase, building capacity and integrating best practice in organ recovery help to ensure that recovery occurs within the optimal timeframe. A provincial recovery system was introduced in 2016, expanding the capacity of recovery teams to manage organ recovery throughout the province, including in periods of surge donation activity. TGLN and the transplant programs continue to re-evaluate the system using key performance indicators to align the recovery processes and capacity with the continuing growth in donation.

New Transplant Program: Pancreas for Islets

The Pancreas for Islet Transplant Program was developed in collaboration with University Health Network (UHN). The implementation of this program is a significant achievement and is a valuable addition to Ontario's transplant community. This type of transplantation uses islets from a deceased donor pancreas instead of whole pancreas transplant. Islet beta cells produce insulin which help a transplant recipient regain control of blood glucose levels, thereby eliminating or reducing the need for insulin injections and assisting in the elimination of hypoglycaemia unawareness. The TGLN team developed criteria documents, patient registration and listing requirements, retrieval and transport processes and education materials. As of March 2017, the program was operational and accepting islets for processing, with transplantation expected in 2017/18.

FLAVIE JUBINVILLE, Cornea Donor

Flavie wanted to be an organ and tissue donor. It was an important conversation Danièle Leroux and François Jubinville had had with their daughter. The conversation was one they were happy to have but never imagined it would become so relevant. Flavie was 14 when she, believing she had a nagging soccer injury, was diagnosed with osteosarcoma in her right knee. Although the diagnosis was distressing, Flavie continued to live every day with vigor, humor and a generous spirit through her first chemotherapy treatment. Despite her positive outlook she received a further diagnosis months later that the cancer had spread and was now in her lungs. Flavie and her parents spent a final Christmas together and in January of 2015 she passed away. Knowing what Flavie wanted made the decision easy, but Danièle and François were unsure if their daughter could be a donor due to her cancer. They were determined to do what they could to let their daughter make this final generous gift.

"We are very proud that Flavie remained generous even in death by giving her beautiful eyes. Cancer took everything – except this." – DANIELE LEROUX, DONOR MOM

OBJECTIVE 2

Achieve a 58-61 per cent provincial Conversion Rate, 271-290 organ donors, and a 3.57 organ yield per donor.

Organ donation numbers have been steadily rising year over year and 2016/17 was no exception. With a total of 354 deceased organ donors, TGLN not only surpassed its target for 2016/17, but also achieved the greatest number of deceased organ donors the province has ever seen – exceeding the previous record high in 2015/16 (296) by 58 donors or 20 per cent.

Conversion rate, the rate at which potential organ donors become actual organ donors, is a performance metric shared by TGLN and participating Ontario hospitals. This metric helps to demonstrate how well Ontario's 69 designated hospital corporations work with TGLN on the complex processes that save lives through organ donation and transplant. Similar to organ donation performance, conversion rate percentages continue to improve. With a conversion rate of 63 per cent in 2016/17, TGLN and its hospital partners exceeded the annual target, and improved upon last year's performance by 12.5 per cent.

Organ yield, the number of organs recovered and transplanted per donor, was 3.30 in 2016/17. This is slightly below the annual target, but is an improvement over the organ yield of 3.22 achieved in 2015/16.

Organ donation is a complex process that relies on the cooperation of many individuals, organizations and skills. There are many contributing factors that continue to support growth in organ donation:

TGLN Regional Medical Leads and Hospital Donation Physicians pose together with Ronnie Gavsie at the 2016 Critical Care Canada Conference.

Stronger public support. Increased support for donation is evident in this year's consent rate of 61 per cent. A seven per cent improvement over last year means an additional 141 families supported their loved ones' donation decisions or provided consent for donation on behalf of their loved one in 2016/17.

More eligible donors. The number of potentially eligible donors increased by 5 per cent to 559, compared to 530 in 2015/16. In addition, donation after circulatory death (DCD) is becoming more routine in end of life care in Ontario, accounting for one third of all organ donors in 2016/17. This year, the number of DCD donors increased by 13 per cent to a total of 111. Another contributing factor was TGLN's continued partnership with University Health Network's Lung Transplant Program and the use of Ex-Vivo Lung Perfusion, which helped to increase the utilization of lungs in 2016/17.

Approaching More Families

TGLN continues to offer more Ontario families the opportunity to donate at end of life. In 2016/17, 1,157 families of potential donors were asked to affirm their loved ones' donation decisions or consent to organ donation on their behalf. This is a 12 per cent increase compared to last year, when donation was discussed with 1,026 families. This increase in TGLN's opportunity to approach families about organ donation is largely attributable to a continuous program of focused education and feedback with frontline health care professionals on the importance of timely referral.

Upholding Registered Consent Decisions

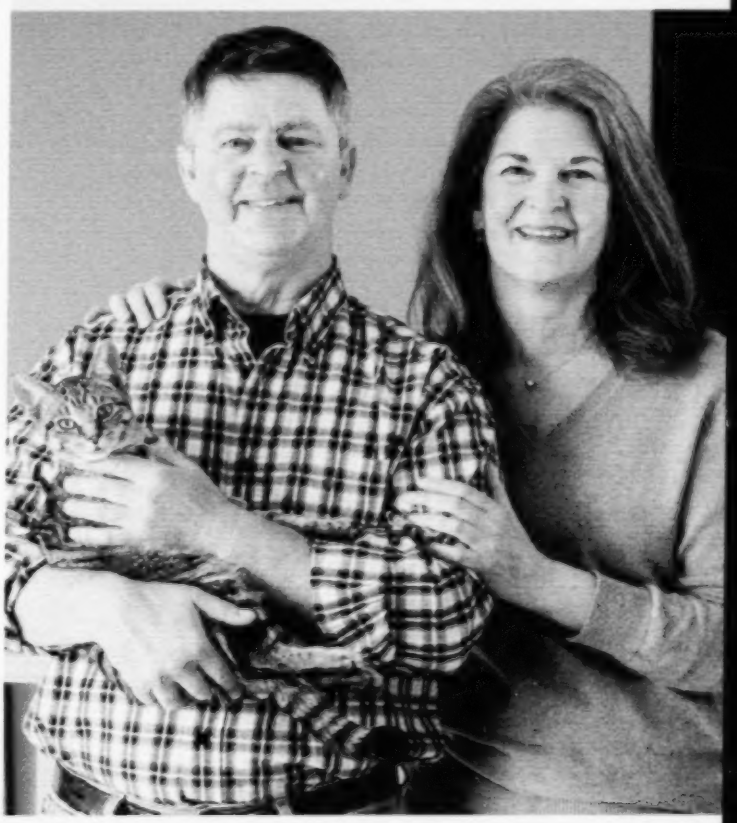
In 2016/17, the number of overturned registered consent decisions for organ donation dropped to 11 per cent compared to 21 per cent in 2015/16. This was accomplished by TGLN coordinators using language with hesitant families that explores reluctance, addresses concerns, and relays that the legislation states a registered decision is in fact legal consent.

MIKE AND JANET PARR, Heart Recipients

Mike was fit, healthy and had not experienced any major health issues when he started to develop breathing problems and feeling as though there was a baseball in his chest. A subsequent ultrasound led to a diagnosis of cardiomyopathy at age 51. Because of his excellent health prior to this, the diagnosis came as a surprise even though both his mother and younger sister, Janet, had heart issues. In fact, their mother had passed away from her heart issues when she was just 55. Janet's heart condition was detected following a mini-stroke in 2004 and it was not until after a series of treatments, including a left ventricle assist device (LVAD) for Janet and defibrillator pacemaker for Mike, that both siblings received heart transplants within months of each other. Janet received her transplant first and Mike credits his sister's positive outlook for having kept them both buoyed through a very difficult time. Both Mike and Janet share their gratitude by advocating for the Heart and Stroke Foundation as well as Trillium Gift of Life Network.

"Both my brother and I value each day. We know that each day – each heartbeat – we have is thanks to someone else's generous gift of life. That person becomes everything you do."

– JANET PARR, HEART RECIPIENT



Donation After Medical Assistance in Dying

With Bill C-14 receiving Royal Assent in June 2016, competent adults with grievous and irremediable medical conditions may now consider medical assistance in dying (MAID) during end of life planning. Because the opportunity to donate organs and tissue is part of quality end of life care, TGLN worked with a variety of external stakeholders, including ethicists and hospital partners, to develop policies and procedures specific to organ and tissue donation after MAID. This includes timely referral and rapid assessment of medical suitability for donation, and if appropriate, arranging for a trained TGLN coordinator to speak to these patients directly. TGLN is committed to ensuring a patient's decision to seek MAID is completed prior to the initiation of any donation discussion, and further ensuring these discussions occur with sufficient time to incorporate donation into their plan for end of life care should they consent to donate.

Engaging Health Care Professionals

TGLN continues to actively engage health care professionals in order to promote donation and ensure it is considered as a part of quality end of life care. A rotating regional conference and annual Greater Toronto Area (GTA) conference have helped to normalize organ and tissue donation with health care professionals and, as a result, donation opportunities are being incorporated as part of quality end of life care practices and have become a shared value among health care professionals. For the second year in a row, the GTA conference quickly reached its capacity of 300 health care professionals, with a waitlist of more than 70.

Grand River Hospital receives TGLN performance award from Janet MacLean, VP of Clinical Donation Services.

Optimizing the Donation Physician Model

To foster relationships and build on the success of face-to-face sessions between the regional medical leads and hospital donation physicians, TGLN hosted a number of regional events for physicians in 2016/17. As organ donation is a relatively rare occurrence, many physicians may encounter it infrequently. These events provide a forum for increased exposure and shared learning, as well as the sharing of various techniques and strategies for overcoming challenges that may arise during the donation process resulting in successful outcomes.

TGLN's 58 Hospital Donation Physicians, who in 2016/17 have become more established in their roles as clinical resources and donation advocates, are now being consulted in real time to navigate challenges during donation cases.

Finally, TGLN-sponsored programming at the Critical Care Canada Forum introduced Ontario physicians to world leaders in donation. The event provoked much excitement about donation leading practices and upcoming research initiatives amongst attendees, significantly enhancing donation knowledge. In addition, a session at the Canadian Critical Care Review highlighted organ and tissue donation awareness and education to critical care residents.

Prime Minister Justin Trudeau stops for a photo with nurses, advocates and TGLN employees at the Thunder Bay Regional Nurses Conference.

FAST FACTS

2016/17 Donation Firsts

- **Neurological determination of death (NDD) Donors**
  - Brockville General Hospital
  - Collingwood General and Marine Hospital
  - Muskoka Algonquin Healthcare - South Muskoka Memorial Hospital
- **Donation after cardiovascular death (DCD) Donors**
  - Ross Memorial Hospital
  - Sinai Health System
  - Middlesex Hospital Alliance
  - Chatham Kent Health Alliance

Hospital corporations that met or exceeded the target Provincial Conversion Rate (58 – 61 per cent)

- Bluewater Health
- Children's Hospital of Eastern Ontario
- Collingwood General & Marine Hospital
- Cornwall Community Hospital
- Grey Bruce Health Services
- Hamilton Health Sciences Centre
- Health Sciences North
- Hôpital Montfort
- Joseph Brant Hospital
- Kingston Health Sciences Centre
- Lakeridge Health
- London Health Sciences Centre
- North Bay Regional Health Centre
- Peterborough Regional Health Centre
- Queensway-Carleton Hospital
- Quinte Health Care
- Royal Victoria Regional Health Centre
- Sinai Health System
- St. Joseph's Healthcare Hamilton
- St. Michael's Hospital
- The Ottawa Hospital
- Thunder Bay Regional Health Sciences Centre
- Timmins and District Hospital
- Trillium Health Partners
- University of Ottawa Heart Institute
- William Osler Health System
- Windsor Regional Hospital

Hospitals that met the Provincial Routine Notification Target Rate (100 per cent)

- Children's Hospital of Eastern Ontario

OBJECTIVE 3

Achieve 44 per cent consent rate, 2,200-2,400 ocular donors and 330-350 multi tissue donations.

Ocular donation continues to be an area of strength. In 2016/17, TGLN achieved its target consent rate with 51 per cent and met its target with 2,217 ocular donors. There were a number of factors contributing to this success.

- In 2016/17 TGLN developed practice guidelines to standardize approach practices among all tissue coordinators. Further, based on the success of a pilot in 2015/16 to approach families overnight in cases when a registered consent decision was present, TGLN expanded this practice to all eligible families in 2016/17.
- TGLN's Tissue Program was restructured to better align with the organization's strategic goals. The functions of the tissue coordinator were separated into two distinct roles. The tissue coordinator is now dedicated to speaking with families for consent to donation, while the tissue recovery coordinator is dedicated to recovering ocular tissue. This revised process allowing staff to focus on one skill set has improved the quality of donation discussions and promoted timely ocular tissue recoveries, ultimately enhancing service delivery.
- In-situ corneal recovery was launched in the Greater Toronto Area and expanded to southwest and eastern Ontario in 2016/17. Approximately 25 per cent of all ocular recoveries performed by TGLN's tissue recovery coordinators utilize this specialized technique that allows the cornea to be placed in preservation media much earlier than whole eye enucleation. This improves tissue quality and corresponding surgical outcomes.

Multi-tissue donation is the recovery of bone, skin, and heart valves. Although there were 183 multi-tissue donations, TGLN did not meet its target in 2016/17. The 97 bone donations achieved in 2016/17 is a 25 per cent decrease from 2015/16, while the 55 skin donations is a decrease of 37 per cent, and 31 heart valve donations is a decrease of 44 per cent. Many factors contributed to the decrease in overall multi-tissue donations. Significantly, multi-tissue donation rates have been impacted by the high

Clinical specialists and TGLN employees perform multi-tissue recovery simulation training.

rate of referrals deemed medically unsuitable at the time of referral, which was 73 per cent in 2016/17 compared to 55 per cent in 2015/16. In addition, there was an 18 per cent increase in the number of referrals deemed medically unsuitable after consent was obtained.

Additionally, tissue acceptance rates by the provincial tissue banks declined in 2016/17. Accordingly, TGLN on-boarded its first medical director of tissue in 2016/17. Intended to work in collaboration with the provincial tissue banks to standardize medical suitability criteria and improve the number of donors accepted for transplantation, the medical director of tissue completed retrospective chart reviews and developed recommendations based on his findings. Recommendations, coupled with data collection and analysis related to tissue acceptance rates, continue to be shared with the provincial tissue banks to identify opportunities for improvement.

Coroner Referral and Screening Program

TGLN partnered with the Office of the Chief Coroner of Ontario in 2015/16 to launch the Coroner's Referral and Screening Program in Toronto's downtown core. In 2016/17, this program was expanded across the Greater Toronto Area and into the Peel, Dufferin-Peel, Halton, Simcoe, Vaughan, York, and Durham regions.

To better assist coroners in their referral practices, TGLN implemented streamlined referral criteria in 2016/17, in addition to several support aids, such as identification and referral cards and checklists. A formalized follow up process for missed referrals was also introduced.

A plan for further expansion of the Coroner Referral and Screening Program to Ontario's eastern region was developed in 2016/17. In addition, TGLN has prepared to launch a referral and screening program involving emergency medical services in Prescott-Russell, located in Ontario's eastern region. Launch of this pilot project is scheduled for early in 2017/18.

Leading Ontario's Tissue System Redesign

In 2014, TGLN commissioned a group of independent experts to conduct a thorough review and analysis of Ontario's current tissue system. In line with the detailed report they provided, provincial advisors recommended the consolidation of all tissue recovery services under TGLN, a decision that was supported by the Ministry of Health and Long-Term Care.

To prepare for the consolidation of multi-tissue recovery services, TGLN undertook significant program development in 2016/17. This included policy and procedure writing; education and training development; equipment and supply procurement, and extensive recruitment. Continued collaboration with the provincial tissue banks will support the full transition of recovery services in 2017/18. With dedicated resources available 24/7, recovery services consolidated under TGLN are expected to address system inefficiencies and maximize recovery rates.

OBJECTIVE 4

Emphasize the value of organ and tissue donation and transplantation (OTDT) to all Ontarians through outreach and communications and inspire over 254,000 to register consent.

In 2016/17, TGLN was just shy of reaching its goal of encouraging 254,000 new registrations. Total new registrations for the year were 249,335, achieving 98.2 per cent of target. However, TGLN did mark a significant milestone in donor registration in 2016/17, surpassing a 30 per cent registration rate and reaching 31 per cent by year's end. This milestone was celebrated with partners and advocates and was a foundational message for media and stakeholder relations. By year's end, 15 urban centres in Ontario had reached registration rates of 40 per cent or above.

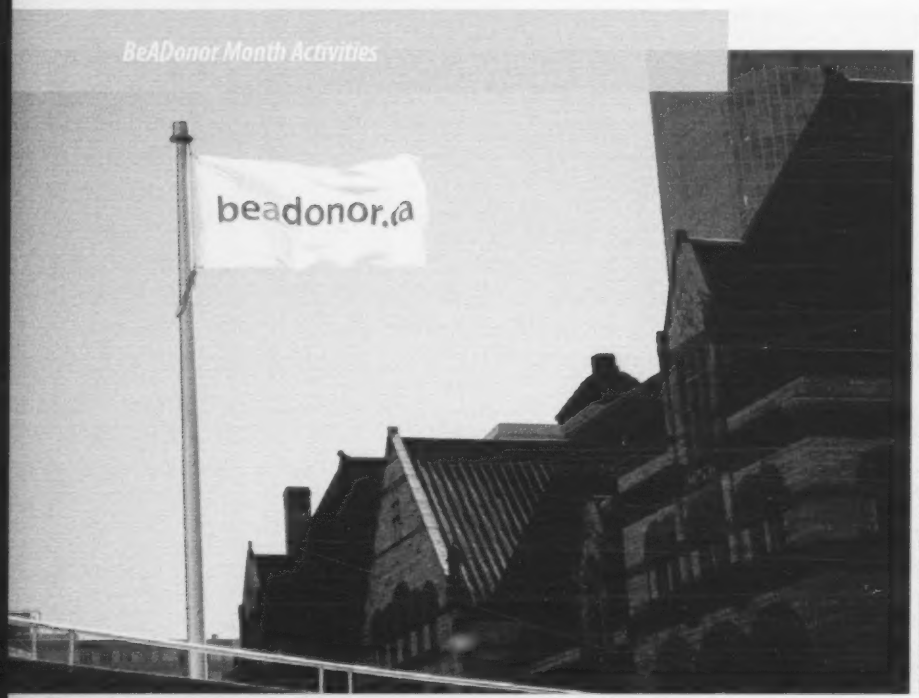
Donor registrations in 2015/16 were strongly influenced by the government's initiative to accelerate conversion of red and white cards to photo health cards and growth in donor registrations slowed accordingly in 2016/17 as this initiative ended in June 2016. Consequently, TGLN was more reliant on its own communications and marketing initiatives to drive registration.

BeADonor Month

The fiscal year began with BeADonor Month, TGLN's annual awareness initiative in April. The theme for 2016/17 was *"BeADonor like me"*, which called on Ontario's registered donors to proudly proclaim their status and encourage others to do the same. The goal was to increase registration and promote positive conversations around organ and tissue donation.

Ronnie Gavsie stands with Kathleen Wynne and Members of Provincial Parliament at TGLN's MPP Reception at Queen's Park.

TGLN's outreach encouraged participation from advocates, stakeholders, partners, elected officials, Ontario's 70 donation hospitals and all levels of ServiceOntario. This month saw a total of 260 print and broadcast mentions that had a reach of more than 37 million. On social media, BeADonor Month content reached 975,000 Ontarians plus one million impressions on Twitter. All of these efforts combined to achieve 28,074 new registrations, the highest ever recorded for April.

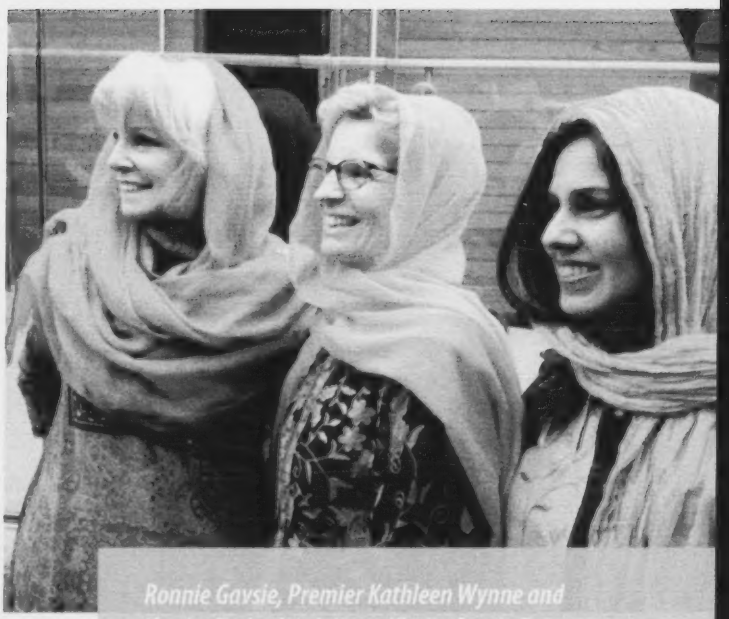


Media Relations and Social Media

Trillium Gift of Life Network's media relations goals for 2016/17 were to generate more opportunities to engage media with news about donation and transplant in Ontario; continue to reinforce Ontario as a leader in donation and transplant; and to support and coach stakeholders and partners to generate positive media coverage that furthers normalization.

TGLN's media outreach resulted in 1,282 items (articles, broadcast and online) with a reach of more than 100 million. TGLN proactively generated coverage through five formal media releases, 13 advisories, and hundreds of media engagements on a broad range of topics, including:

- BeADonor Month 2016;
- Record calendar and fiscal year for organ and tissue donation in Ontario;
- Hospital donation performance, including individual hospital achievement awards;
- Public reporting linked to organ donation;
- Registration rate milestones, specifically highlighting communities which have exceeded 50 per cent registration;
- South Asian Gift of Life Week in the Greater Toronto Area;
- Sikh community celebration of Khalsa Day;
- Top myths about organ and tissue donation.



Ronnie Gavsie, Premier Kathleen Wynne and Versha Prakash celebrate Khalsa Day in Toronto.

TGLN also works with reporters and producers across the province to provide interviews, comments and information on topics related to organ and tissue donation. This year our engagement covered a wide variety of topics including the 10th anniversary of DCD, the role of families in consent for donation, medical assistance in dying (MAID), presumed consent, the need for a national donor registry, as well as the Canadian Transplant Games and the stories of the athletes who competed. TGLN also had the unique opportunity of opening the Toronto Stock Exchange, which provided an opportunity to draw attention to organ and tissue donation and transplantation in the business community.

Social media continued to play a key role in TGLN's outreach. With almost 90,000 fans on Facebook and over 4,500 followers on Twitter, TGLN continually connected with advocates, partners, stakeholders and the public to disseminate information, showcase successes, and participate in trending topics.

TGLN opens the Toronto Stock Exchange.

Gift of Life Network to open Toronto Stock Exchange
TMX
Trillium Gift of Life Network
Monday, November 28, 2016
Trillium Gift of Life Network
00:38:35

Optimizing Opportunities with ServiceOntario

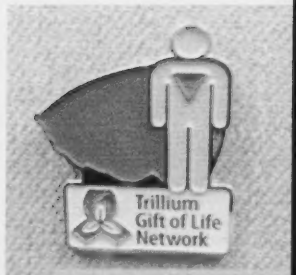
A strong partnership between Trillium Gift of Life Network and ServiceOntario is integral to the continued increase in registrations. Approximately 85 per cent of registrations come through ServiceOntario centres where virtually every Ontarian is offered the opportunity to register consent for organ and tissue donation when renewing their health card, driver's licence, or their Ontario Photo Identification Card application at a ServiceOntario centre.

In addition to ongoing engagement and outreach, there were a number of new initiatives in 2016/17. After completion of a successful pilot, a simplified donor registration form was rolled out to all ServiceOntario centres. The form was streamlined to be simpler and easier to complete and it featured a question, based on behavioural research, to nudge agreement of consent. The digital platform of the online donor registry was upgraded to simplify the online registration process. As part of ServiceOntario's roll out of its queuing initiative, which included digital displays in select centres to improve efficiency, digital ads encouraging donor registration were featured in select centres.

Marketing

Working with agency partners, TGLN completed a comprehensive process to develop a new strategic platform for creative messaging. This included a review of communications initiatives from around the globe, staff and stakeholder interviews, and a collaborative workshop with staff, stakeholders and partners. TGLN also worked with Environics Analytics on a target group segmentation study of current registrants in Ontario to identify and evaluate targeted opportunities to increase registration. The results of these initiatives will inform and advise future marketing and communications programs.

Hospital Engagement



TGLN Hero pin.

In order to acknowledge the continued efforts of health care professionals who help make donation and transplantation possible, TGLN provided a token of gratitude in the form of a hero pin to all hospital and health care staff. The goal was to make these partners more visible as players in donation and transplant inside their hospitals.

Fifty-four hospitals ran events throughout the month of April, supported by informational and promotional material provided by TGLN.

Also in 2016/17, TGLN continued its hospital award programming in recognition of hospital achievements and milestones. Awards were presented to three hospitals for achieving 100 per cent routine notification and 15 hospitals received the conversion rate award for meeting conversion rate targets. In addition, four hospitals received the Award of Excellence for achieving conversion rate for four or more years in a row. Individuals at two hospitals were also recognized for outstanding work in organ donation, transplant and/or advocacy.

The hospital award program not only generated media coverage for both TGLN and hospital partners

Karen Johnson (centre right) presents Sunnybrook Health Sciences with a hospital performance award.

but provided an opportunity to say both thank you and congratulations to one of TGLN's strongest partners: hospitals and their dedicated staff.

Advocacy and Community Engagement

TGLN's network of advocates across the province continued to grow in 2016/17. Twenty-seven regional and cultural groups, made up primarily of transplant recipients and donor families, helped to raise awareness and promote registration throughout the province via presentations, events, social media campaigns and media outreach.

In April 2016, TGLN created the Champions Award, to allow advocate groups the opportunity to publicly acknowledge influencers within their community for their work to support organ and tissue donation. More than 40 awards were given to mayors, MPPs, businesses and individual volunteers across the province.

In February of 2017, TGLN invited 200 advocates across the province to TGLN's 4th Advocate Summit. Participants learned more about TGLN programs and support, shared ideas and experiences, and developed their advocacy skills.

In addition to ongoing support for advocate activities, TGLN also supported more than 250 other community events held by supportive partners across the province.

Organ and tissue donation advocates pose together at the TGLN 2017 Advocate Summit.

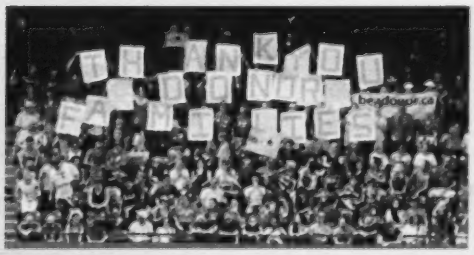
Canadian Transplant Games 2016, Toronto.

Canadian Transplant Games in Toronto

In August of 2016, the Canadian Transplant Games were held for the first time in Toronto. TGLN was a sponsor and supporter of the Games, which are intended to raise awareness about the success of transplant and the need for organ and tissue donation.

As part of a partnership with the Games organizer, the Canadian Transplant Association, the TGLN communications team served as the "Media Office" for the event, handling media relations before and during the Games.

TGLN also organized a special event for Ontario donor families to mark the event by inviting them to a special reception at the Rogers Centre during a Blue Jays game. The highlight of the event was a salute from transplant recipient athletes in the crowd for the donor families in attendance.



OBJECTIVE 5

Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.

TGLN continues to strive for excellence in performance and efficiency as it pertains to both the organ donation system and its own operations. This work is driven by governmental and association standards and regulations.

TGLN conducts an annual comprehensive internal audit of all processes to ensure it operates in continued compliance with government standards. In 2016/2017, audits were also conducted at seven external serological laboratories, three external organ recovery programs and at the TGLN head office. In addition, both the Hospital for Sick Children and the Mount Sinai Allograft Technologies performed audits at TGLN to ensure compliance with American Association of Tissue Banks (AATB) standards. Favourable audit results reinforce that the compliance work being done with TGLN staff and with external partners has been effective.

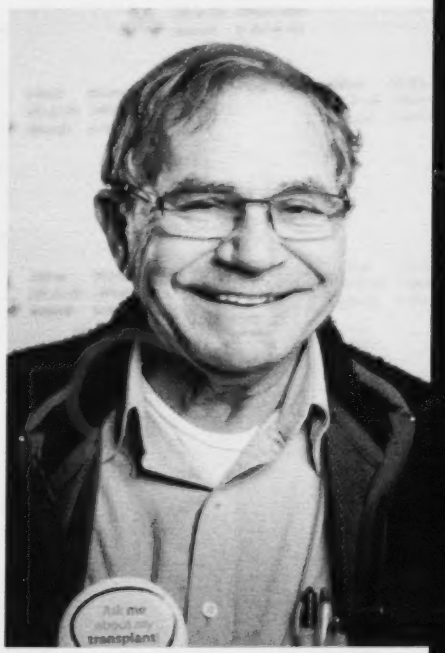
A major step in the initiative to consolidate multi-tissue recovery at TGLN was the development or updating of more than 72 procedural instructions to demonstrate consistent, safe practices during tissue recovery process. These instructions are critical to both TGLN staff and tissue banks. In addition, an external audit was conducted by a tissue specialist consultant to confirm documentation compliance to the AATB Standards.

In 2016/17, the clinical charting process was enhanced by adding a chart locking process and guidance for clinical staff to help standardize the recording of key clinical notes. This process will ensure fewer unintended adjustments to charts and will allow for a greater focus on timely chart completion. TGLN also focussed on new ways to improve the clinical chart review process and developed automated tools to save valuable time in the assessment of clinical charts according to Health Canada regulations.

TOM MITROVSKI, Kidney Recipient

Tom was a young, working father who blamed his tiredness and feeling of being run-down to his busy life. A medical evaluation revealed that his kidneys were failing and he needed dialysis. Subsequent testing at Toronto General Hospital revealed the same diagnosis and three years later Tom found himself on the kidney transplant waitlist with three small children at home. In late 1979, after three years on dialysis, Tom received a kidney transplant and his life was transformed. No longer tired, he painted his entire house and drove to Florida to enjoy a long-awaited family trip within the first year following his transplant. Today, nearly 38 years after receiving his gift of life, Tom looks forward to each and every day he gets to spend with his wife, three children and 10 grandchildren. Eager to show appreciation in any way he can, Tom has volunteered for the Kidney Foundation and helped to form the Scarborough Gift of Life Association, where registration rates are some of the lowest in the province.

"I have gained 38 years of living, including 10 grandchildren, from someone I don't even know. Saying 'thank you' seems inadequate so I give back in any way I can in memory of my donor." – TOM MITROVSKI, KIDNEY RECIPIENT



OBJECTIVE 6

Enhance IM/IT to drive innovation, improvement and efficiency at TGLN and in the broader donation and transplantation system.

To support the non-stop, 24-hour operations of TGLN, the agency's technology, service and data must be delivered and sustained with responsiveness, accuracy and reliability. Internal and external stakeholders rely on these measures to perform their often lifesaving work. With this in mind, a number of initiatives were undertaken to streamline and strengthen delivery of information management and information technology (IM/IT) services and products.

Technology Evergreen Plan

In 2016/17, TGLN continued to invest in refreshing hardware and software no longer supported by vendors. To date, 40 laptops/desktops and six servers have been refreshed. Software and hardware no longer supported by TGLN vendors will be phased out using an ever-greening plan in which every asset is given a shelf life and a plan for upgrade. This includes TOTAL, the information system that supports Ontario's end-to-end organ donation and transplantation process of organ allocation, wait list management, recipient and transplant case management, that received a new build of the upgraded server environment such that it can be supported by vendors. Because TOTAL is an outdated system, a business case was developed to replace it. This initiative was supported by external consultants, with input from external and internal stakeholders, and oversight by a steering committee that included representation from eHealth Ontario and the Health Services IT Cluster of the Ministry of Health and Long-Term Care.

The plan for replacing TOTAL is expected in 2017/18.

Data Centre to Enhance Reliability and Data Security

To support TGLN operations during a power outage, fire or other crisis scenario, TGLN has created an offsite data centre. This measure will ensure continuity of critical IT services, like TOTAL, in the event of a crisis. Migration of IT equipment to the data centre has been completed.

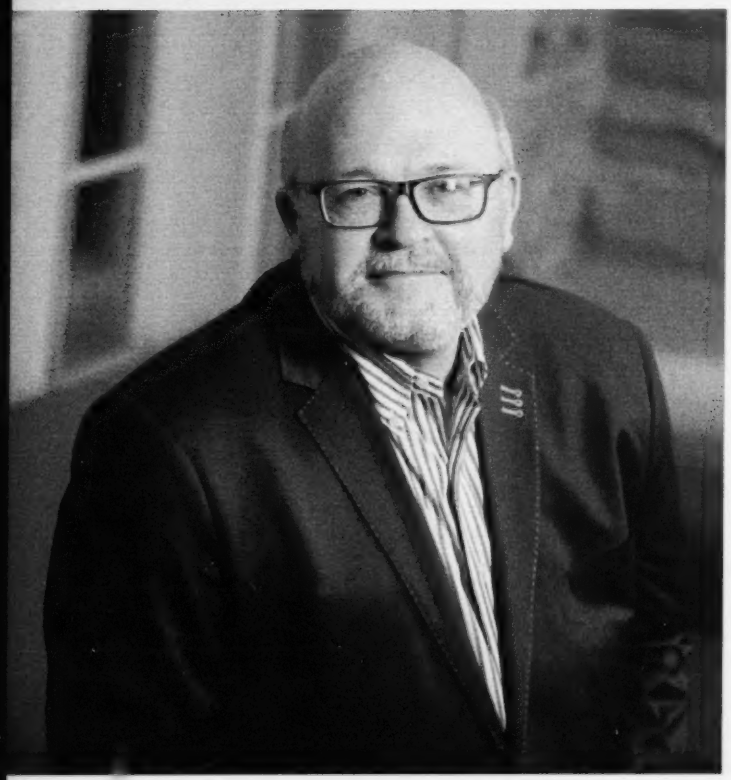
Launch of Centralized Service Desk

Service Desk is a central point of intake for all TGLN IT services, where review, triage, assignment and tracking of requests occur. In 2016/17, Service Desk expanded to enable extended hours of support to the Provincial Resource Centre. The Service Desk has serviced more than 500 requests per month on average in 2016/17, and has successfully reduced backlog.

DOUG FERGUSON, Two-Time Liver Recipient

When Doug Ferguson entered the operating room for his liver transplant, little did he know he would awake, three weeks later having survived not one, but two liver transplant surgeries. Doug had suffered chronic liver inflammation much of his life with no visible symptoms. It was when his new physician ordered a full work up that he was diagnosed with liver cancer and told that his best option was a liver transplant. But before he could be placed on the waitlist for transplant he would need chemotherapy to shrink the tumor on his liver. Following intense chemotherapy Doug was placed on the transplant list and in November he received the call that would forever change his life. Although he did not know it at the time, the first liver would fail on the operating table and his life would depend on the generosity of a second donation. Fortunately, after being deemed most medically urgent, Doug received a second liver transplant days later. This one would save his life. Following a rigorous rehabilitation Doug has returned to work, travelled to France with his wife, started playing hockey again and sunk his first hole-in-one on the golf course!

"The system came together not once, but twice, to save my life. I'm forever grateful to London Health Sciences, Trillium Gift of Life Network and of course, my donors." – DOUG FERGUSON, LIVER RECIPIENT



IT Project Office

TGLN established an IT project management office (ITPMO) to provide oversight and governance for TGLN enterprise-wide IT priorities, projects and initiatives. The ITPMO is aligned with the TGLN corporate project management office.

Data Sharing and Research

For many years TGLN has worked in partnership with researchers and research organizations both in Ontario and across Canada. This work has led to a growing body of data that is critical to advancing TGLN's mission of saving more lives through innovation.

In 2016/17, TGLN developed a coordinated and sustainable research program that will efficiently assess and track each research proposal or data request, from receipt through project closure and publication, and will measure the impact of each project on the donation and transplantation continuum.

The TGLN website was enhanced with a new research section providing detailed information and helpful tools that will guide health care professionals through the research partnership process. A list of currently supported and recently completed research is also available on the website.

OBJECTIVE 7

Attract, engage, develop and retain talented staff.

TGLN's staff are the driving force behind its outstanding results and record-breaking accomplishments.

In 2016/17, TGLN undertook a review of the current recruitment tools and broadened search methods with additional online resources to target a larger volume of potential applicants. As a result, vacant positions (particularly 24/7 positions) were filled more quickly.

Enhancements were not limited to recruitment. Working together with TGLN employees, improvements to the orientation process were made by identifying gaps in learning and internal communication. In addition to this orientation program, TGLN employees received more than two dozen new policies informing them of workplace procedures and expectations.

Also in 2016/17, long-serving TGLN employees were recognized at an event that brought the TGLN team together. This event was coupled with the launch of an online training system that provides job-specific, safety-oriented and culture-building modules to staff.

Lastly, to provide greater efficiency in real-time scheduling, absence tracking and vacation approvals, a new human resources management system (HRMS) platform was launched.

Ryley Mitchell, heart recipient and Canadian Transplant Games participant, and Michael Galego, TGLN Board member, pose together at a donor family celebration event.

Table 1

Tissue Donation by Tissue Type

Tissue Donation	*FY 2016/17*	*FY 2015/16*	*FY 2014/15*
Tissue Donors	2,247	2,268	1,953
Ocular Donors	2,217	2,234	1,914
Skin Donations	55	87	38
Heart Valve Donations	31	63	55
Bone Donations	97	129	108
Tissue Consent Rate	51%	50%	46%

Table 2

Deceased Organ Donors, Tissue Donors, Conversion Rate and Routine Notification Rate by Hospital for 2016/17

Hospital	*Routine Notification Rate**	*Conversion Rate for Organ Donors*	*Organ Donors*	*Tissue Donors*
Greater Toronto Region	**95%**	**53%**	**145**	**842**
Halton Healthcare Services	84%	36%	4	43
Humber River Hospital	98%	22%	2	30
Joseph Brant Hospital	97%	67%	2	13
Lakeridge Health	97%	62%	8	148
Mackenzie Health	95%	38%	3	9
Markham Stouffville Hospital	96%	0%	0	30
Michael Garron Hospital	90%	50%	3	34
North York General Hospital	95%	20%	1	21
Scarborough Rouge Hospital	96%	50%	9	65
Sinai Health System	97%	100%	2	10
Southlake Regional Health Centre	97%	50%	6	54
St. Joseph's Health Centre	91%	25%	2	15
St. Michael's Hospital	87%	60%	21	39
Sunnybrook Health Sciences Centre	92%	56%	19	73
The Hospital for Sick Children	96%	46%	6	7
Trillium Health Partners	98%	67%	20	112
University Health Network	98%	53%	16	87
William Osler Health System	97%	60%	21	52
Simcoe Muskoka Region	**95%**	**82%**	**9**	**95**
Collingwood General & Marine Hospital	99%	100%	1	11
Georgian Bay General Hospital	99%	0%	0	16
Headwaters Health Care Centre	81%	–	0	9
Muskoka Algonquin Healthcare	93%	50%	1	5
Orillia Soldiers' Memorial Hospital	92%	–	0	22
Royal Victoria Regional Health Centre	98%	100%	7	32

*Both organ and tissue

Continued on page 27

Table 2 *(Continued from page 26)*

Deceased Organ Donors, Tissue Donors, Conversion Rate and Routine Notification Rate by Hospital for 2016/17

Hospital	*Routine Notification Rate**	*Conversion Rate for Organ Donors*	*Organ Donors*	*Tissue Donors*
Eastern Region	**92%**	**86%**	**67**	**401**
Brockville General Hospital	77%	50%	1	16
Children's Hospital of Eastern Ontario	100%	80%	4	4
Cornwall Community Hospital	84%	100%	1	12
Hawkesbury & District General Hospital	91%	–	0	3
Hôpital Montfort	83%	100%	1	17
Kingston Health Sciences Centre	97%	88%	14	65
Lennox & Addington County General Hospital	78%	–	0	0
Northumberland Hills Hospital	90%	–	0	15
Pembroke Regional Hospital	99%	–	0	10
Peterborough Regional Health Centre	95%	100%	1	44
Queensway Carleton Hospital	86%	100%	1	23
Quinte Health Care	83%	100%	3	16
Ross Memorial Hospital	94%	–	2	30
The Ottawa Hospital	97%	84%	36	126
University of Ottawa Hearth Institute	99%	100%	3	20
Northern Region	**94%**	**62%**	**18**	**170**
Health Sciences North	99%	67%	6	81
Kirkland & District Hospital	83%	–	0	0
Lake of the Woods District Hospital	72%	–	0	0
North Bay Regional Health Centre	97%	100%	1	38
Sault Area Hospital	98%	0%	0	9
St. Joseph's General Hospital Elliot Lake	71%	–	0	–
Thunder Bay Regional Health Sciences Centre	96%	58%	7	15
Timmins and District Hospital	96%	80%	4	25
West Nipissing General Hospital	70%	–	0	1
West Parry Sound Health Centre	55%	–	0	1
Southwestern Region	**95%**	**69%**	**115**	**671**
Bluewater Health	98%	100%	4	35
Brant Community Healthcare System	91%	50%	2	20
Cambridge Memorial	95%	50%	1	24
Chatham-Kent Health Alliance	95%	33%	1	15
Grand River Hospital	95%	50%	5	40
Grey Bruce Health Services	94%	100%	2	14
Guelph General Hospital	98%	50%	4	27
Hamilton Health Sciences	95%	83%	35	104
Huron Perth Health Alliance	98%	–	0	17
Leamington District Memorial Hospital	82%	–	0	1
London Health Sciences Centre	92%	83%	33	111

Continued on page 28

Table 2 *(Continued from page 27)*

Deceased Organ Donors, Tissue Donors, Conversion Rate and Routine Notification Rate by Hospital for 2016/17

Hospital	*Routine Notification Rate**	*Conversion Rate for Organ Donors*	*Organ Donors*	*Tissue Donors*
Middlesex Hospital Alliance	65%	–	1	5
Niagara Health System	98%	54%	7	97
Norfolk General Hospital	87%	–	0	12
St. Joseph's Healthcare Hamilton	98%	63%	5	34
St. Mary's General Hospital	99%	29%	2	32
St. Thomas Elgin General Hospital	96%	50%	1	18
Tillsonburg District Memorial Hospital	48%	–	0	3
Windsor Regional Hospital	96%	63%	12	49
Woodstock General Hospital	94%	0%	0	13
Others	–	–	–	**68**
Others	–	–	–	68
Total	**94%**	**63%**	**354**	**2,247**

Table 3

Organ Donors from Ontario and Out-of-Province

Type of Donor	*FY 2016/17*	*FY 2015/16*	*FY 2014/15*
Deceased Donors from Ontario	354	296	271
NDD Donors from Ontario	243	198	202
DCD Donors from Ontario	111	98	69
Living Donors from Ontario	242	281	278
All Ontario Donors	**596**	**577**	**549**
Deceased Donors from Other Canadian Provinces	93	86	63
Deceased Donors from the United States	10	13	18
All Out-of-Province Donors	**103**	**99**	**81**

Definitions

NDD: Neurological determination of death DCD: Donation after cardio-circulatory death

Table 4

Number of Organs Recovered and Transplanted from Deceased Donors in Ontario

Organ	*2016/17*			*2015/16*			*2014/15*		
	From NDD Donors	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*
Heart	75	0	75	70	0	70	69	0	69
Kidney	371	181	552	303	166	469	330	113	443
Liver	187	24	211	155	27	182	178	27	205
Lung	179	50	229	98	54	152	142	30	172
Pancreas — Islets	50	6	56	25	6	31	24	0	24
Pancreas — Whole	37	7	44	39	8	47	42	8	50
Small Bowel	1	0	1	1	0	1	2	0	2
Total	**900**	**268**	**1,168**	**691**	**261**	**952**	**787**	**178**	**965**

NOTE: Organs are counted as in calculation of organ yield.

Table 5

Organ Transplant Yield per Deceased Donor in Ontario

Donor Type	*2016/17*		*2015/16*		*2014/15*	
	Number of Donors	*Organ Yield*	*Number of Donors*	*Organ Yield*	*Number of Donors*	*Organ Yield*
DCD	111	2.41	98	2.66	69	2.58
NDD	243	3.70	198	3.49	202	3.90
Total	**354**	**3.30**	**296**	**3.22**	**271**	**3.56**

Organ Utilization			
Organ Type	*2016/17*	*2015/16*	*2014/15*
Heart	0.21	0.24	0.25
Kidney	0.78	0.79	0.82
Liver	0.59	0.61	0.73
Lung	0.32	0.26	0.32
Pancreas — Islets	0.16	0.10	0.09
Pancreas — Whole	0.12	0.16	0.18
Small Bowel	0.00	0.00	0.01

Table 6

Organ Transplants in Ontario from Deceased (Provincial and Non-Provincial) and Living Donors from Ontario

Organ/s Transplanted	*2016/17*	*2015/16*	*2014/15*
Kidney from Deceased Donors	500	416	383
Kidney from Living Donors	198	224	213
Liver from Deceased Donors	209	189	194
Liver from Living Donors	44	57	65
Heart	89	83	78
Lung	149	128	125
Pancreas (Whole)	22	22	17
Small Bowel	0	1	1
Kidney/Pancreas	36	40	37
Heart/Lung	0	0	2
Liver/Kidney	7	11	13
Liver/Heart	0	0	0
Liver/Bowel	1	1	1
Liver/Lung	1	1	0
Liver/Pancreas	0	0	0
VCA	0	1	0
Total	**1,256**	**1,174**	**1,129**

Table 7

Waiting List for Organ Transplants

Organ	*March 31, 2017*	*March 31, 2016*	*March 31, 2015*
Kidney	1,120	1,134	1,146
Liver	237	221	214
Heart	45	56	67
Lung	62	64	81
Pancreas (Whole)	16	16	13
Small Bowel	1	1	1
Kidney/Pancreas	63	62	64
Other*	12	11	11
Total	**1,556**	**1,565**	**1,597**

*Other includes Liver/Bowel, Liver/Kidney, Liver/Heart, Liver/Lung, Liver/Pancreas, Liver/Small Bowel/Kidney, Kidney/Small Bowel, Liver/Kidney/Pancreas, Heart/Kidney, Heart/Lung, and Lung/Kidney

Table 8

Deceased Organ Donation Funding to Hospitals (April 1, 2016–March 31, 2017)

Corporation	*Phase 1*		*Phase 2*		*Phase 3*		*Total Amount*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Bluewater Health	**10**	**$8,000**	**8**	**$16,400**	**5**	**$15,750**	**$40,150**
Bluewater Health, Sarnia	10	$8,000	8	$16,400	5	$15,750	$40,150
Brant Community Healthcare System	**6**	**$4,800**	**2**	**$4,100**	**2**	**$6,300**	**$15,200**
Brantford General Hospital	6	$4,800	2	$4,100	2	$6,300	$15,200
Brockville General Hospital	**5**	**$4,000**	**2**	**$4,100**	**2**	**$6,300**	**$14,400**
Brockville General Hospital	5	$4,000	2	$4,100	2	$6,300	$14,400
Cambridge Memorial Hospital	**7**	**$5,600**	**3**	**$6,150**	**1**	**$3,150**	**$14,900**
Cambridge Memorial Hospital	7	$5,600	3	$6,150	1	$3,150	$14,900
Chatham-Kent Health Alliance	**5**	**$4,000**	**2**	**$4,100**	**1**	**$3,150**	**$11,250**
Chatham Kent Health Alliance	5	$4,000	2	$4,100	1	$3,150	$11,250
Children's Hospital Of Eastern Ontario	**10**	**$8,000**	**4**	**$8,200**	**4**	**$12,600**	**$28,800**
Children's Hospital Of Eastern Ontario	10	$8,000	4	$8,200	4	$12,600	$28,800
Collingwood General & Marine Hospital	**1**	**$800**	**1**	**$2,050**	**1**	**$3,150**	**$6,000**
Collingwood General & Marine Hospital	1	$800	1	$2,050	1	$3,150	$6,000
Cornwall General Hospital	**2**	**$1,600**	**1**	**$2,050**	**1**	**$3,150**	**$6,800**
Cornwall Community Hospital	2	$1,600	1	$2,050	1	$3,150	$6,800
Georgian Bay General Hospital	**1**	**$800**	**1**	**$2,050**	**0**	**$0**	**$2,850**
Midland Site	1	$800	1	$2,050	0	$0	$2,850
Grand River Hospital	**15**	**$12,000**	**7**	**$14,350**	**5**	**$15,750**	**$42,100**
Grand River Hospital – Kitchener	15	$12,000	7	$14,350	5	$15,750	$42,100
Grey Bruce Health Services	**8**	**$6,400**	**4**	**$8,200**	**3**	**$9,450**	**$24,050**
Owen Sound Hospital	8	$6,400	4	$8,200	3	$9,450	$24,050
Guelph General Hospital	**9**	**$7,200**	**5**	**$10,250**	**5**	**$15,750**	**$33,200**
Guelph General Hospital	9	$7,200	5	$10,250	5	$15,750	$33,200
Halton Healthcare Services	**13**	**$10,400**	**6**	**$12,300**	**3**	**$9,450**	**$32,150**
Milton District Hospital	3	$2,400	1	$2,050	1	$3,150	$7,600
Oakville Trafalgar Memorial Hospital	10	$8,000	5	$10,250	2	$6,300	$24,550
Hamilton Health Sciences	**90**	**$72,000**	**56**	**$114,800**	**40**	**$126,000**	**$312,800**
Hamilton General Hospital	80	$64,000	51	$104,550	38	$119,700	$288,250
McMaster Children's Hospital	2	$1,600	1	$2,050	1	$3,150	$6,800
Juravinski Hospital	8	$6,400	4	$8,200	1	$3,150	$17,750
Health Sciences North	**31**	**$24,800**	**15**	**$30,750**	**7**	**$22,050**	**$77,600**
Health Sciences North	31	$24,800	15	$30,750	7	$22,050	$77,600
Hôpital Montfort	**12**	**$9,600**	**5**	**$10,250**	**1**	**$3,150**	**$23,000**
Hôpital Montfort	12	$9,600	5	$10,250	1	$3,150	$23,000

Continued on page 32

Table 8 *(Continued from page 31)*

Deceased Organ Donation Funding to Hospitals (April 1, 2016–March 31, 2017)

Corporation	*Phase 1*		*Phase 2*		*Phase 3*		*Total Amount*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Humber River Hospital	**16**	**$12,800**	**3**	**$6,150**	**3**	**$9,450**	**$28,400**
Humber River Hospital	16	$12,800	3	$6,150	3	$9,450	$28,400
Huron Perth Healthcare Alliance	**4**	**$3,200**	**2**	**$4,100**	**0**	**$0**	**$7,300**
Stratford General Hospital	4	$3,200	2	$4,100	0	$0	$7,300
Joseph Brant Hospital	**3**	**$2,400**	**2**	**$4,100**	**2**	**$6,300**	**$12,800**
Joseph Brant Hospital	3	$2,400	2	$4,100	2	$6,300	$12,800
Kingston Health Sciences Centre	**51**	**$40,800**	**28**	**$57,400**	**21**	**$66,150**	**$164,350**
Kingston General Hospital	51	$40,800	28	$57,400	21	$66,150	$164,350
Lake of the Woods District Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Lake of the Woods District Hospital	1	$800	0	$0	0	$0	$800
Lakeridge Health	**29**	**$23,200**	**17**	**$34,850**	**7**	**$22,050**	**$80,100**
Lakeridge Health Oshawa	15	$12,000	9	$18,450	4	$12,600	$43,050
Lakeridge Health Bowmanville	1	$800	0	$0	0	$0	$800
Lakeridge Health Ajax and Pickering	13	$10,400	8	$16,400	3	$9,450	$36,250
London Health Sciences Centre	**96**	**$76,800**	**61**	**$125,050**	**38**	**$119,700**	**$321,550**
Children's Hospital Of Western Ontario	3	$2,400	2	$4,100	2	$6,300	$12,800
University Hospital	55	$44,000	32	$65,600	18	$56,700	$166,300
Victoria Hospital	38	$30,400	27	$55,350	18	$56,700	$142,450
Mackenzie Health	**12**	**$9,600**	**4**	**$8,200**	**3**	**$9,450**	**$27,250**
Mackenzie Health	12	$9,600	4	$8,200	3	$9,450	$27,250
Markham Stouffville Hospital	**4**	**$3,200**	**2**	**$4,100**	**1**	**$3,150**	**$10,450**
Markham Stouffville Hospital	4	$3,200	2	$4,100	1	$3,150	$10,450
Michael Garron Hospital	**11**	**$8,800**	**6**	**$12,300**	**4**	**$12,600**	**$33,700**
Michael Garron Hospital	11	$8,800	6	$12,300	4	$12,600	$33,700
Muskoka Algonquin Healthcare	**5**	**$4,000**	**1**	**$2,050**	**1**	**$3,150**	**$9,200**
Huntsville District Memorial Hospital	4	$3,200	0	$0	0	$0	$3,200
South Muskoka Memorial Hospital	1	$800	1	$2,050	1	$3,150	$6,000
Niagara Health System	**21**	**$16,800**	**13**	**$26,650**	**9**	**$28,350**	**$71,800**
Greater Niagara General Site	8	$6,400	4	$8,200	2	$6,300	$20,900
St Catharines Site	10	$8,000	6	$12,300	4	$12,600	$32,900
Welland Site	3	$2,400	3	$6,150	3	$9,450	$18,000
North Bay Regional Health Centre	**4**	**$3,200**	**3**	**$6,150**	**2**	**$6,300**	**$15,650**
North Bay Regional Health Centre	4	$3,200	3	$6,150	2	$6,300	$15,650
North York General Hospital	**13**	**$10,400**	**4**	**$8,200**	**1**	**$3,150**	**$21,750**
North York General Hospital	13	$10,400	4	$8,200	1	$3,150	$21,750

Continued on page 33

Table 8 *(Continued from page 32)*

Deceased Organ Donation Funding to Hospitals (April 1, 2016–March 31, 2017)

Corporation	*Phase 1*		*Phase 2*		*Phase 3*		*Total Amount*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Orillia Soldiers' Memorial Hospital	**8**	**$6,400**	**4**	**$8,200**	**0**	**$0**	**$14,600**
Orillia Soldiers' Memorial Hospital	8	$6,400	4	$8,200	0	$0	$14,600
Peterborough Regional Health Centre	**18**	**$14,400**	**7**	**$14,350**	**3**	**$9,450**	**$38,200**
Peterborough Regional Health Centre	18	$14,400	7	$14,350	3	$9,450	$38,200
Queensway Carleton Hospital	**9**	**$7,200**	**3**	**$6,150**	**2**	**$6,300**	**$19,650**
Queensway Carleton Hospital	9	$7,200	3	$6,150	2	$6,300	$19,650
Quinte Health Care	**11**	**$8,800**	**5**	**$10,250**	**3**	**$9,450**	**$28,500**
Belleville General Hospital	10	$8,000	5	$10,250	3	$9,450	$27,700
Trenton Memorial Hospital	1	$800	0	$0	0	$0	$800
Ross Memorial Hospital	**4**	**$3,200**	**3**	**$6,150**	**3**	**$9,450**	**$18,800**
Ross Memorial Hospital	4	$3,200	3	$6,150	3	$9,450	$18,800
Royal Victoria Regional Health Centre	**27**	**$21,600**	**10**	**$20,500**	**8**	**$25,200**	**$67,300**
Royal Victoria Regional Health Centre	27	$21,600	10	$20,500	8	$25,200	$67,300
Sault Area Hospital	**4**	**$3,200**	**2**	**$4,100**	**0**	**$0**	**$7,300**
Sault Area Hospital	4	$3,200	2	$4,100	0	$0	$7,300
Scarborough and Rouge Hospital	**35**	**$28,000**	**18**	**$36,900**	**11**	**$34,650**	**$99,550**
Birchmount Site	6	$4,800	3	$6,150	2	$6,300	$17,250
Centenary Site	13	$10,400	8	$16,400	5	$15,750	$42,550
General Site	16	$12,800	7	$14,350	4	$12,600	$39,750
Sinai Health System	**2**	**$1,600**	**2**	**$4,100**	**2**	**$6,300**	**$12,000**
Mount Sinai Hospital	2	$1,600	2	$4,100	2	$6,300	$12,000
Southlake Regional Health Centre	**21**	**$16,800**	**15**	**$30,750**	**9**	**$28,350**	**$75,900**
Southlake Regional Health Centre	21	$16,800	15	$30,750	9	$28,350	$75,900
St. Joseph's Health Centre	**7**	**$5,600**	**3**	**$6,150**	**2**	**$6,300**	**$18,050**
St. Joseph's Health Centre	7	$5,600	3	$6,150	2	$6,300	$18,050
St. Joseph's Healthcare Hamilton	**12**	**$9,600**	**8**	**$16,400**	**5**	**$15,750**	**$41,750**
St. Joseph's Healthcare Hamilton	12	$9,600	8	$16,400	5	$15,750	$41,750
St. Mary's General Hospital	**11**	**$8,800**	**7**	**$14,350**	**3**	**$9,450**	**$32,600**
St. Mary's General Hospital	11	$8,800	7	$14,350	3	$9,450	$32,600
St. Michael's Hospital	**56**	**$44,800**	**34**	**$69,700**	**25**	**$78,750**	**$193,250**
St. Michael's Hospital	56	$44,800	34	$69,700	25	$78,750	$193,250
St. Thomas Elgin General Hospital	**4**	**$3,200**	**2**	**$4,100**	**1**	**$3,150**	**$10,450**
St. Thomas Elgin General Hospital	4	$3,200	2	$4,100	1	$3,150	$10,450
Strathroy Middlesex General Hospital	**1**	**$800**	**1**	**$2,050**	**1**	**$3,150**	**$6,000**
Strathroy Middlesex General Hospital	1	$800	1	$2,050	1	$3,150	$6,000

Continued on page 34

Table 8 *(Continued from page 33)*

Deceased Organ Donation Funding to Hospitals (April 1, 2016–March 31, 2017)

Corporation	*Phase 1*		*Phase 2*		*Phase 3*		*Total Amount*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Sunnybrook Health Sciences Centre	**67**	**$53,600**	**37**	**$75,850**	**25**	**$78,750**	**$208,200**
Sunnybrook Health Sciences Centre	67	$53,600	37	$75,850	25	$78,750	$208,200
The Hospital For Sick Children	**36**	**$28,800**	**16**	**$32,800**	**8**	**$25,200**	**$86,800**
The Hospital for Sick Children	36	$28,800	16	$32,800	8	$25,200	$86,800
The Ottawa Hospital	**80**	**$64,000**	**55**	**$112,750**	**43**	**$135,450**	**$312,200**
Civic Campus	64	$51,200	47	$96,350	37	$116,550	$264,100
General Campus	16	$12,800	8	$16,400	6	$18,900	$48,100
Thunder Bay Regional Health Sciences Centre	**27**	**$21,600**	**17**	**$34,850**	**8**	**$25,200**	**$81,650**
Thunder Bay Regional Health Sciences Centre	27	$21,600	17	$34,850	8	$25,200	$81,650
Timmins and District Hospital	**9**	**$7,200**	**7**	**$14,350**	**5**	**$15,750**	**$37,300**
Timmins and District Hospital	9	$7,200	7	$14,350	5	$15,750	$37,300
Trillium Health Partners	**52**	**$41,600**	**30**	**$61,500**	**26**	**$81,900**	**$185,000**
The Credit Valley Hospital	10	$8,000	8	$16,400	8	$25,200	$49,600
Mississauga Hospital	42	$33,600	22	$45,100	18	$56,700	$135,400
University Health Network	**50**	**$40,000**	**37**	**$75,850**	**25**	**$78,750**	**$194,600**
Toronto General Hospital	13	$10,400	11	$22,550	7	$22,050	$55,000
Toronto Western Hospital	36	$28,800	26	$53,300	18	$56,700	$138,800
Princess Margaret Hospital	1	$800	0	$0	0	$0	$800
University Of Ottawa Heart Institute	**18**	**$14,400**	**11**	**$22,550**	**6**	**$18,900**	**$55,850**
University Of Ottawa Heart Institute	18	$14,400	11	$22,550	6	$18,900	$55,850
William Osler Health System	**62**	**$49,600**	**38**	**$77,900**	**29**	**$91,350**	**$218,850**
Brampton Civic	47	$37,600	31	$63,550	23	$72,450	$173,600
Etobicoke General	15	$12,000	7	$14,350	6	$18,900	$45,250
Windsor Regional Hospital	**57**	**$45,600**	**35**	**$71,750**	**17**	**$53,550**	**$170,900**
Metropolitan Campus	9	$7,200	2	$4,100	1	$3,150	$14,450
Ouellette Campus	48	$38,400	33	$67,650	16	$50,400	$156,450
Woodstock General Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Woodstock General Hospital	1	$800	0	$0	0	$0	$800
Grand Total	**1,184**	**$947,200**	**675**	**$1,383,750**	**443**	**$1,395,450**	**$3,726,400**

Figure 1

Percentage of Registered Donors (Among 16+ Health Card Holders)

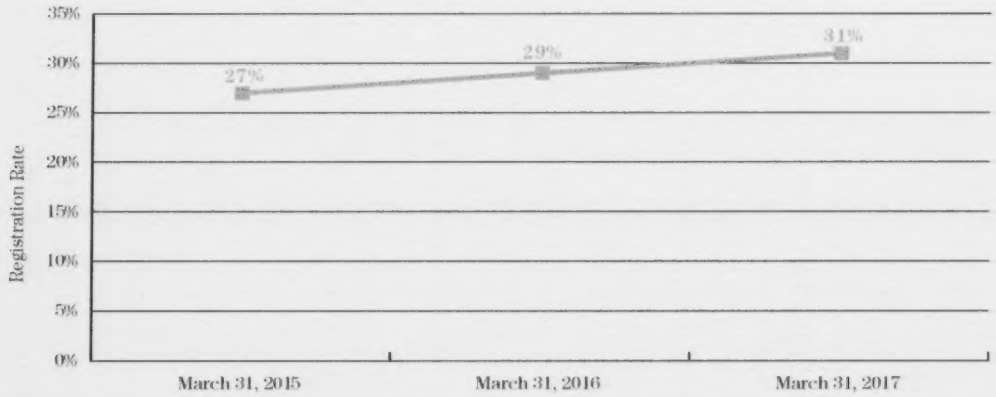
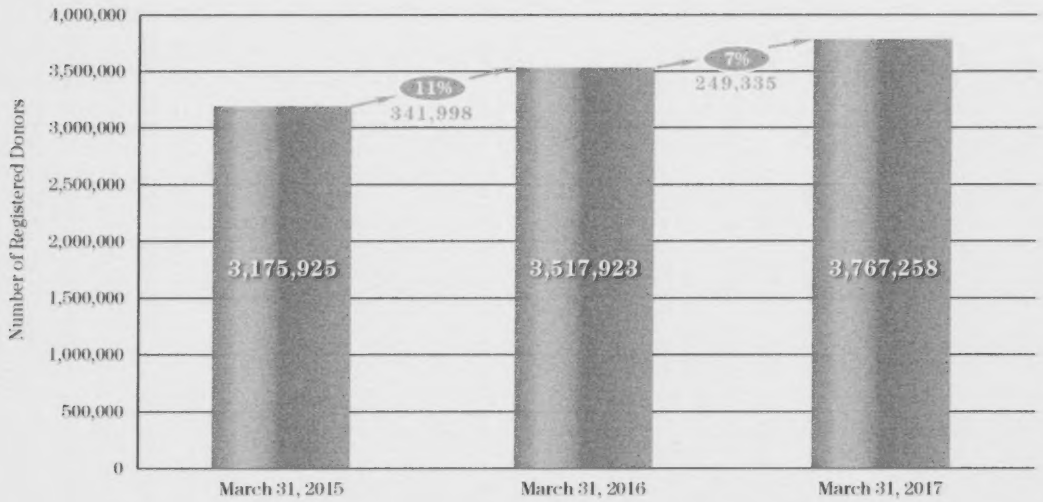


Figure 2

Growth in Registered Donors



APPENDIX II – Board of Directors

Board of Directors	Tenure	Re-Appointed	Term Expires
Rabbi Dr. Reuven P. Bulka (Chair)*	December 1, 2004 to May 31, 2020	June 1, 2016	May 31, 2020
Christine Clark Lafleur	September 3, 2008 to September 2, 2018	September 3, 2015	September 3, 2018
Dr. Kenneth Pritzker	March 3, 2010 to March 2, 2020	March 3, 2014	March 3, 2020
Karen Belaire	January 4, 2011 to January 3, 2020	January 4, 2017	January 4, 2020
Dr. Vivek Rao	November 14, 2012 to November 13, 2019	November 14, 2016	November 14, 2019
James Martin Ritchie	January 9, 2013 to January 8, 2020	January 9, 2017	January 9, 2020
Paulina Mirsky	September 8, 2014 to September 7, 2017	N/A	September 8, 2017
Michael Galego	October 21, 2015 to October 20, 2018	N/A	October 21, 2018
Jessica Smith	October 28, 2015 to October 27, 2018	N/A	October 28, 2018
Douglas Ferguson	September 14, 2016 to September 13, 2019	N/A	September 14, 2019
Anne Atkinson	November 28, 2016 to November 27, 2019	N/A	November 28, 2019
Samuel S. Marr	March 1, 2017 to February 29, 2020	N/A	March 1, 2020

**Designated as Chair on June 5, 2007*

APPENDIX III – Management Group

Ronnie Gavsie	*President & CEO*
Dr. Andrew Healey	*Chief Medical Officer, Donation*
Dr. Jeffrey Zaltzman	*Chief Medical Officer, Transplant*
Amin Remtulla	*Chief Information Officer*
Versha Prakash	*Chief Operating Officer*
Janet MacLean	*Vice President, Clinical Donation Services*
Clare Payne	*Vice President, Clinical Transplant Systems*
Teresa Almeida	*Director, Application Development*
Mary Ellen Armstrong	*Director, Communications*
Tony Nacev	*Director, Finance & Administration*
Karen Johnson	*Director, Hospital Programs*
Janice Beitel	*Director, Hospital Programs, Education & Professional Practice*
Leanne Gray	*Director, Human Resources*
Keith Wong	*Director, Infrastructure & Operations*
Vanessa Blount	*Director, Policy, Education & Professional Practice*
John Hanright	*Director, Quality Assurance & Improvement*
Brent Browett	*Director, Tissue*
David Brazeau	*Manager, Communications*
David Bishop	*Manager, Education & Professional Practice*
Dan Tsujiuchi	*Manager, Finance*
Anne Howarth	*Manager, Hospital Programs*
Rob Sanderson	*Manager, Hospital Programs*
Courtney Barton	*Manager, Human Resources*
Vijay Seecharan	*Manager, IT Project Office*
Diana Hallett	*Manager, Provincial Resource Centre – Organ*
Natalie Smigielski	*Manager, Provincial Resource Centre – Tissue*
Sasha Rice	*Manager, Recovery – Tissue*
Victoria Leist	*Manager, Transplant*

Trillium Gift of Life Network is committed to increasing transparency. For further information, please visit www.giftoflife.on.ca.

Financial statements

Trillium Gift of Life Network

March 31, 2017

EY

Building a better
working world

Independent auditors' report

To the Members of
Trillium Gift of Life Network

We have audited the accompanying financial statements of **Trillium Gift of Life Network**, which comprise the statement of financial position as at March 31, 2017 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of **Trillium Gift of Life Network** as at March 31, 2017 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Ernst & Young LLP

Chartered Professional Accountants
Licensed Public Accountants

Toronto, Canada
June 29, 2017

Trillium Gift of Life Network

Statement of financial position

As at March 31

	2017 $	2016 $
Assets		
Current		
Cash and cash equivalents	**11,227,348**	8,083,142
HST recoverable	**699,968**	660,989
Other receivables	**7,653**	5,459
Prepaid expenses	**226,652**	255,693
Total current assets	**12,161,621**	9,005,283
Capital assets, net *[note 3]*	**4,239,512**	713,196
	16,401,133	9,718,479
Liabilities and net assets		
Current		
Accounts payable and accrued liabilities	**10,290,202**	6,464,580
Deferred contributions *[note 4]*	**800,710**	1,552,130
Total current liabilities	**11,090,912**	8,016,710
Deferred funding for capital assets *[note 5]*	**3,968,317**	517,357
Total liabilities	**15,059,229**	8,534,067
Commitments *[note 10]*		
Net assets		
Unrestricted	**635,998**	590,521
Board restricted *[note 6]*	**705,906**	593,891
Total net assets	**1,341,904**	1,184,412
	16,401,133	9,718,479

See accompanying notes

On behalf of the Board:

Karen Belaire
Director

Director

Trillium Gift of Life Network

Statement of operations

Year ended March 31

	2017 $	2016 $
Revenue		
Ontario Ministry of Health and Long-Term Care *[note 4]*		
Operations	**33,026,164**	29,589,575
Deceased Organ Donation Managed Fund	**3,453,200**	2,272,900
Transportation Services to Support Organ & Tissue Donation Managed Fund	**3,178,000**	2,899,700
Regenmed Managed Fund	**680,000**	680,000
Standard Acquisition Fees	**262,458**	258,053
TPER Managed Fund	**236,676**	177,400
PRELOD Managed Fund	**193,941**	198,476
Amortization of deferred funding for capital assets *[note 5]*	**270,402**	437,483
Donations *[note 6]*	**112,015**	75,190
Interest income	**50,741**	40,544
	41,463,597	36,629,321
Expenses		
Salaries and employee benefits *[note 7]*	**22,083,108**	19,309,848
Transportation Services to Support Organ & Tissue Donation Managed Fund	**4,183,869**	3,195,000
Deceased Organ Donation Managed Fund	**3,793,764**	3,083,438
Medical supplies and testing	**2,811,746**	2,614,267
General and administrative *[note 8]*	**2,360,815**	2,369,656
Communications	**1,927,407**	1,902,966
Information systems	**1,250,380**	1,304,137
Office rent and maintenance	**1,135,278**	879,436
Regenmed Managed Fund	**680,000**	680,000
Amortization of capital assets	**384,563**	540,909
Standard Acquisition Fees	**262,458**	258,053
TPER Managed Fund	**236,676**	177,400
PRELOD Managed Fund	**196,041**	198,477
	41,306,105	36,513,587
Excess of revenue over expenses for the year	**157,492**	115,734

See accompanying notes

Trillium Gift of Life Network

Statement of changes in net assets

Year ended March 31

	2017		
	Unrestricted	Board restricted	Total
	$	$	$
Net assets, beginning of year	**590,521**	**593,891**	**1,184,412**
Excess of revenue over expenses for the year	**157,492**	**—**	**157,492**
Interfund transfers, net *[note 6]*	**(112,015)**	**112,015**	**—**
Net assets, end of year	**635,998**	**705,906**	**1,341,904**

	2016		
	Unrestricted	Board restricted	Total
	$	$	$
Net assets, beginning of year	549,977	518,701	1,068,678
Excess of revenue over expenses for the year	115,734	—	115,734
Interfund transfers, net *[note 6]*	(75,190)	75,190	—
Net assets, end of year	590,521	593,891	1,184,412

See accompanying notes

Trillium Gift of Life Network

Statement of cash flows

Year ended March 31

	2017 $	2016 $
Operating activities		
Excess of revenue over expenses for the year	**157,492**	115,734
Add (deduct) items not involving cash		
Amortization of capital assets	**384,563**	540,909
Amortization of deferred funding for capital assets	**(270,402)**	(437,483)
	271,653	219,160
Changes in non-cash working capital balances related to operations		
HST recoverable	**(38,979)**	(28,582)
Other receivables	**(2,194)**	3,229,826
Prepaid expenses	**29,041**	(94,211)
Accounts payable and accrued liabilities	**3,825,622**	(332,210)
Deferred contributions	**(751,420)**	(189,676)
Cash provided by in operating activities	**3,333,723**	2,804,307
Investing activities		
Acquisition of capital assets	**(3,910,879)**	(458,514)
Cash used in investing activities	**(3,910,879)**	(458,514)
Financing activities		
Funding for capital asset purchases	**3,721,362**	274,883
Cash provided by financing activities	**3,721,362**	274,883
Net increase in cash and cash equivalents during the year	**3,144,206**	2,620,676
Cash and cash equivalents, beginning of year	**8,083,142**	5,462,466
Cash and cash equivalents, end of year	**11,227,348**	8,083,142

See accompanying notes

Trillium Gift of Life Network

Notes to financial statements

March 31, 2017

1. Purpose of the organization

Trillium Gift of Life Network [the "Network"] is a non-share capital corporation created in 2001, under the *Trillium Gift of Life Network Act* [formerly *The Human Tissue Gift Act*]. The Network has been established to enable every Ontario resident to make an informed decision to donate organs and tissue, to support healthcare professionals in implementing their wishes, and to maximize organ and tissue donation in Ontario through education, research, service and support.

The Network became operational on April 1, 2002 to assume the functions of the former Organ Donation Ontario, as well as to adopt additional responsibilities associated with the Network's mandate.

As a registered charity under the *Income Tax Act* (Canada), the Network is exempt from income taxes.

2. Summary of significant accounting policies

These financial statements are prepared in accordance with the *CPA Canada Public Sector* ["PS"] *Accounting Handbook*, which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. The Network has chosen to use the standards for not-for-profit organizations that include sections PS 4200 to PS 4270. The significant accounting policies followed in the preparation of these financial statements are summarized below:

Revenue recognition

The Network follows the deferral method of accounting for contributions, which include grants and donations. Grants are recorded in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Donations are recorded when received since pledges are not legally enforceable claims. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are deferred when initially recorded in the accounts and recognized as revenue in the year in which the related expenses are recognized.

Cash and cash equivalents

Cash and cash equivalents consist of cash on deposit and short-term investments with terms to maturity of not more than 90 days at the date of purchase.

Financial instruments

Financial instruments, including HST recoverable, other receivables and accounts payable, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Notes to financial statements

March 31, 2017

Capital assets

Capital assets are recorded at cost. Contributed capital assets are recorded at market value at the date of contribution. Amortization is provided on a straight-line basis at annual rates based on the estimated useful lives of the assets as follows:

Furniture and equipment	3–5 years
Leasehold improvements	over term of lease
Computer software	3–5 years
Computer hardware	3 years

Deferred funding for capital assets

Capital contribution funding and leasehold inducements received for the purposes of acquiring depreciable capital assets are deferred and amortized on the same basis, and over the same periods, as the amortization of the related capital assets.

Employee benefit plan

Contributions to a multi-employer defined benefit pension plan are expensed on an accrual basis.

Contributed materials and services

Contributed materials and services are not reflected in these financial statements.

Allocation of expenses

Direct expenses, including costs of personnel and other expenses that are directly related to projects, are recorded as project expenses. General support and other costs are not allocated.

Notes to financial statements

March 31, 2017

3. Capital assets

Capital assets consist of the following:

	2017		
	Cost	Accumulated amortization	Net book value
	$	$	$
Furniture and equipment	1,653,073	852,007	801,066
Leasehold improvements	3,689,070	887,560	2,801,510
Computer software	1,671,009	1,590,755	80,254
Computer hardware	1,928,823	1,372,141	556,682
	8,941,975	4,702,463	4,239,512

	2016		
	Cost	Accumulated amortization	Net book value
	$	$	$
Furniture and equipment	870,548	792,906	77,642
Leasehold improvements	887,560	873,456	14,104
Computer software	1,654,982	1,470,373	184,609
Computer hardware	1,618,006	1,181,165	436,841
	5,031,096	4,317,900	713,196

Leasehold improvements and furniture and equipment include additions of $2,801,510 and $578,755, respectively, that were in process as at March 31, 2017. Accordingly, no amortization has been recorded on these items during the year.

4. Deferred contributions

The continuity of deferred contributions is as follows:

	2017 $	2016 $
Balance, beginning of year	**1,552,130**	1,741,806
Contributions received	**44,751,801**	37,150,401
Amount recognized as revenue	**(41,030,439)**	(36,076,104)
Amount transferred to deferred capital contributions *[note 5]*	**(3,721,362)**	(274,883)
Amount repaid to the Ontario Ministry of Health and Long-Term Care related to prior year funding	**(751,420)**	(989,090)
Balance, end of year	**800,710**	1,552,130

5. Deferred funding for capital assets

Deferred funding for capital assets represents the unamortized amount of grants and leasehold inducements received for the purchase of capital assets. The annual amortization of deferred funding for capital assets is recorded as revenue in the statement of operations and is equivalent to the amortization of the applicable capital assets. The changes in the deferred funding for capital assets balance are as follows:

	2017 $	2016 $
Balance, beginning of year	**517,357**	679,957
Contributions transferred from deferred contributions *[note 4]*	**3,721,362**	274,883
Amortization of deferred funding for capital assets	**(270,402)**	(437,483)
Balance, end of year	**3,968,317**	517,357

6. Board restricted net assets

Board restricted net assets are used to further public education and research in the field of organ and tissue donation, including community-based projects.

During the year, the Board of Directors approved the transfer of $112,015 [2016 – $75,190] of donations received during the year from unrestricted net assets to Board restricted net assets.

7. Employee benefit plan

Substantially all of the employees of the Network are eligible to be members of the Healthcare of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit, highest consecutive earnings, contributory pension plan. The plan is accounted for as a defined contribution plan since the Network has insufficient information to apply defined benefit plan accounting.

The Network's contributions to HOOPP during the year amounted to $1,381,698 [2016 – $1,189,722] and are included in the statement of operations. The most recent valuation for financial reporting purposes completed by HOOPP as of December 31, 2016 disclosed net assets available for benefits of $70.4 million with pension obligations of $54.5 million, resulting in a surplus of $15.9 million.

8. General and administrative expenses

General and administrative expenses include the following:

	2017 $	2016 $
Clinical operations	**927,605**	1,117,810
Provincial recovery system	**230,000**	230,000
Professional fees	**488,605**	487,121
Other	**714,605**	534,725
	2,360,815	2,369,656

9. Financial instruments

The Network's financial instruments consist of cash and cash equivalents, HST recoverable, other receivables, and accounts payable. Management is of the opinion that the Network is not exposed to significant financial risks arising from these financial instruments.

Liquidity risk

The Network is exposed to the risk that it will encounter difficulty in meeting obligations associated with its financial liabilities. The Network derives a significant portion of its operating revenue from the Ontario government with no firm commitment of funding in future years. To manage liquidity risk, the Network keeps sufficient resources readily available to meet its obligations. Accounts payable mature within six months.

Notes to financial statements

March 31, 2017

10. Commitments

Future minimum annual payments under operating leases for equipment and premises, excluding operating costs, are as follows:

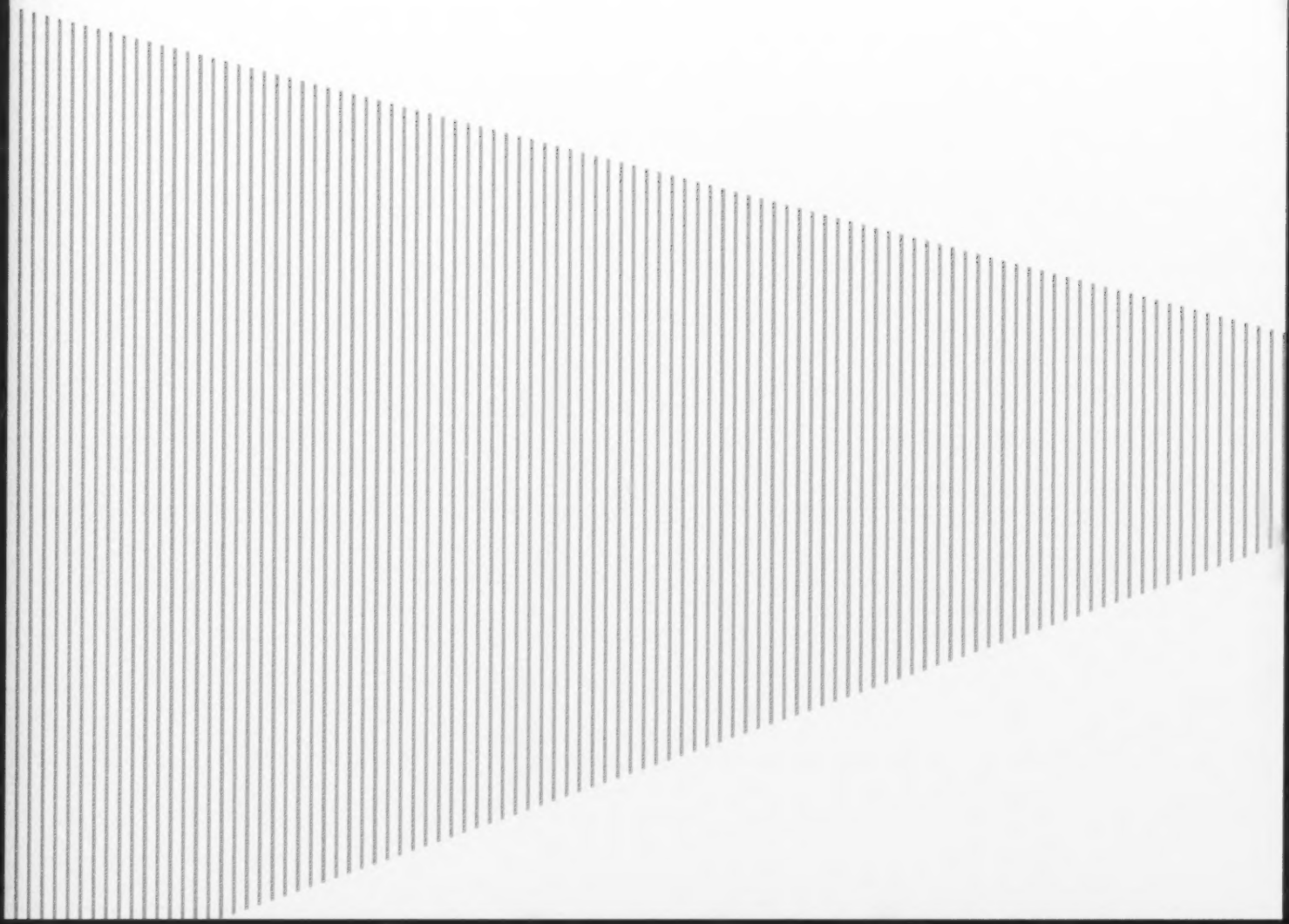
	$
2018	745,466
2019	631,364
2020	610,782
2021	588,162
2022	582,654
Thereafter	3,265,485

11. Subsequent event

Subsequent to year-end, the Network entered into a new lease for premises. Future minimum annual payments under this operating lease have been disclosed in note 10.

12. Comparative financial statements

The comparative financial statements have been reclassified from the statements previously presented to conform to the presentation of the 2017 financial statements.



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